



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifiers: CMS-18F5, CMS-10120, and CMS-10346]

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Centers for Medicare & Medicaid Services.

ACTION: Notice.

SUMMARY: The Centers for Medicare & Medicaid Services (CMS) is announcing an opportunity for the public to comment on CMS' intention to collect information from the public. Under the Paperwork Reduction Act of 1995 (the PRA), federal agencies are required to publish notice in the Federal Register concerning each proposed collection of information (including each proposed extension or reinstatement of an existing collection of information) and to allow 60 days for public comment on the proposed action. Interested persons are invited to send comments regarding our burden estimates or any other aspect of this collection of information, including any of the following subjects: (1) the necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

DATES: Comments must be received by **insert date 60 days after date of publication in the Federal Register**:

ADDRESSES: When commenting, please reference the document identifier or OMB control number (OCN). To be assured consideration, comments and recommendations must be submitted in any one of the following ways:

1. Electronically. You may send your comments electronically to <http://www.regulations.gov>. Follow the instructions for "Comment or Submission" or "More Search Options" to find the information collection document(s) that are accepting comments.

2. By regular mail. You may mail written comments to the following address:

CMS, Office of Strategic Operations and Regulatory Affairs

Division of Regulations Development

Attention: Document Identifier/OMB Control Number _____

Room C4-26-05

7500 Security Boulevard

Baltimore, Maryland 21244-1850.

To obtain copies of a supporting statement and any related forms for the proposed collection(s) summarized in this notice, you may make your request using one of following:

1. Access CMS' Web Site address at

<http://www.cms.hhs.gov/PaperworkReductionActof1995>.

2. E-mail your request, including your address, phone number, OMB number, and CMS document identifier, to Paperwork@cms.hhs.gov.

3. Call the Reports Clearance Office at (410) 786-1326.

FOR FURTHER INFORMATION CONTACT:

Reports Clearance Office at (410) 786-1326

SUPPLEMENTARY INFORMATION:

Contents

This notice sets out a summary of the use and burden associated with the following information collections. More detailed information can be found in each collection's supporting statement and associated materials (see ADDRESSES).

CMS-18F5 Application for Hospital Insurance and Supporting Regulations

CMS-10120 1932(a) State Plan Amendment Template, State Plan Requirements, and
Supporting Regulations

CMS-10346 Appeals of Quality Bonus Payment Determinations

Under the PRA (44 U.S.C. 3501-3520), federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. The term "collection of information" is defined in 44 U.S.C. 3502(3) and 5 CFR 1320.3(c) and includes agency requests or requirements that members of the public submit reports, keep records, or provide information to a third party. Section 3506(c)(2)(A) of the PRA requires federal agencies to publish a 60-day notice in the Federal Register concerning each proposed collection of information, including each proposed extension or reinstatement of an existing collection of information, before submitting the collection to OMB for approval. To comply with this requirement, CMS is publishing this notice.

Information Collections

1. Type of Information Collection Request: Extension of a currently approved collection;
Title of Information Collection: Application for Hospital Insurance and Supporting Regulations;
Use: Regulations at 42 CFR 406.6 specifies the individuals who must file an application for Medicare Hospital Insurance (Part A) and those who need not file an application for Part A. Section 406.7 lists CMS-18F5 as the application form. The form elicits information that the Social Security Administration and CMS need to determine entitlement to Part A and

Supplementary Medical Insurance (Part B); Form Number: CMS-18F5 (OCN: 0938-0251);
Frequency: Once; Affected Public: Individuals or households; Number of Respondents: 50,000;
Total Annual Responses: 50,000; Total Annual Hours: 12,500. (For policy questions regarding
this collection contact Naomi Rappaport at 410-786-2175).

2. Type of Information Collection Request: Revision of a currently approved collection;
Title of Information Collection: 1932(a) State Plan Amendment Template, State Plan
Requirements, and Supporting Regulations; Use: Section 1932(a)(1)(A) of the Social Security
Act (the Act) grants states the authority to enroll Medicaid beneficiaries on a mandatory basis
into managed care entities (managed care organization (MCOs) and primary care case managers
(PCCMs)). Under this authority, a state can amend its Medicaid state plan to require certain
categories of Medicaid beneficiaries to enroll in managed care entities without being out of
compliance with provisions of section 1902 of the Act on statewideness (42 CFR 431.50),
freedom of choice (42 CFR 431.51) or comparability (42 CFR 440.230). The template may be
used by states to easily modify their state plans if they choose to implement the provisions of
section 1932(a)(1)(A); Form Number: CMS-10120 (OCN: 0938-0933); Frequency: Once and
occasionally; Affected Public: State, Local, or Tribal Governments; Number of Respondents: 56;
Total Annual Responses: 15; Total Annual Hours: 65. (For policy questions regarding this
collection contact Camille Dobson at 410-786-7062).

3. Type of Information Collection Request: Extension of a currently approved collection;
Title of Information Collection: Appeals of Quality Bonus Payment Determinations; Use: The
information collected from Medicare Advantage organizations is considered by the
reconsideration official and potentially the hearing officer to review our determination of the
organization's eligibility for a quality bonus payment. Form Number: CMS-10346 (OCN: 0938-

1129; Frequency: Yearly; Affected Public: Private sector - Business or other for-profits; Number of Respondents: 350; Total Annual Responses: 25; Total Annual Hours: 200. (For policy questions regarding this collection contact Sarah Gaillot at 410-786-4637).

Dated: December 3, 2013

Martique Jones

Deputy Director, Regulations Development Group

Office of Strategic Operations and Regulatory Affairs

Billing Code: 4120-01-U-P

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